

## Options Appraisal for the CYPMHS Service

Option	Scope	Funding	Strengths and Opportunities	Weaknesses and Threats
<p><b>Option 1:</b></p> <p><b>Business as Usual</b></p> <p>Retain the current service model and continue to work with the NHS to improve the contracting arrangements.</p>	<ul style="list-style-type: none"> <li>• Support to Early Help Units</li> <li>• Priority assessment of LAC</li> <li>• Harmful sexual abuse/post sexual abuse</li> <li>• Support to the Kent Health Needs Education Service</li> </ul>	<p><b>£2.65m</b> investment retained in the current contract</p>	<ul style="list-style-type: none"> <li>• No risk of fragmentation to the system.</li> <li>• The performance of the contract has improved in some areas.</li> <li>• Joint working arrangements would be retained via the Section 76 agreement.</li> <li>• No perceived disinvestment in the NHS.</li> </ul>	<ul style="list-style-type: none"> <li>• Although performance has improved in the clinical elements of the service, underperformance remains significant in relation to the Early Help interventions.</li> <li>• This underperformance risks escalation of need and increased demand on the specialist service.</li> <li>• Lack of confidence of best value – no market testing takes place.</li> <li>• KCC remains a key stakeholder rather than the lead contract manager.</li> <li>• Potential for financial dispute to repeat.</li> </ul>
<p><b>Option 2:</b></p> <p><b>Re-tender the service</b></p> <p>Withdraw KCC's investment in the contract and recommission a new</p>	<ul style="list-style-type: none"> <li>• Support to Early Help Units</li> <li>• Priority assessment of LAC</li> <li>• Harmful sexual abuse/post</li> </ul>	<p>A financial envelope of <b>£2.65m</b> would be available to invest into a new service via a competitive tender process</p>	<ul style="list-style-type: none"> <li>• There are several providers who could deliver the non-clinical aspects of the service.</li> <li>• KCC would have direct control and influence over the contracting</li> </ul>	<ul style="list-style-type: none"> <li>• NELFT are demonstrating strong performance in some aspects of the contract.</li> <li>• A clinical provider would need to be retained for the LAC and harmful sexual</li> </ul>

<p>service bringing potential for a new provider</p>	<p>sexual abuse</p> <ul style="list-style-type: none"> <li>• Support to the Kent Health Needs Education Service</li> </ul>		<p>and commissioning arrangements.</p> <ul style="list-style-type: none"> <li>• There is an opportunity to align recommissioning with other strategic priorities to drive greater improvement e.g. SEND commissioning and the recommissioning of Early Help services.</li> </ul>	<p>abuse/post service abuse services and the market is limited. The market may be further limited as this would be a relatively low value contract.</p> <ul style="list-style-type: none"> <li>• The NHS locally would not support this, due to fragmenting the current system</li> <li>• Recommissioning a new service would take time and a new contract is unlikely to be in place before October 2020.</li> <li>• Joint commissioning arrangements would cease which goes against the principles of Future in Mind, statutory guidance and the Local Transformation Plan.</li> <li>• This approach would likely dismantle the Single Point of Access.</li> </ul>
<p><b>Option 3:</b></p> <p><b>Split the investment</b></p> <p>Refocus the funding for the Support to Early Help Units (£1.2m) and the Kent Health Needs Education Service (£240,000). Retain the current funding for</p>	<p>Retain in the <b>NELFT</b> contract:</p> <ul style="list-style-type: none"> <li>• Priority assessment of LAC</li> <li>• Harmful sexual abuse/post sexual abuse</li> <li>• Kent Health</li> </ul>	<p>Continue to invest <b>£1.257m</b> in the current contract via the Section 76 agreement.</p> <p>A financial envelope of <b>£1.2m</b> would be available to invest into new services.</p>	<ul style="list-style-type: none"> <li>• The strengths outlined in Option 1 (business as usual) would apply for the clinical service provision.</li> <li>• This would create the opportunity to align the recommissioning with other strategic priorities</li> </ul>	<ul style="list-style-type: none"> <li>• The risk of fragmentation of the system, remains although is limited under this option.</li> <li>• Recommissioning a new service would take time and a new contract is unlikely to be in place before October 2020.</li> </ul>

clinical service provision.	<p>Needs Education Service</p> <p>New investment into:</p> <ul style="list-style-type: none"> <li>• Parenting Programmes</li> <li>• Development of the early help workforce and model</li> <li>• Targeted counselling services</li> </ul>	<p><b>£200,000</b> to remain in the Dedicated Schools Grant to assist children with SEND.</p>	<p>to drive greater improvement e.g. SEND commissioning and the recommissioning of Early Help services.</p> <ul style="list-style-type: none"> <li>• KCC would have direct control and influence over the new contracting and commissioning arrangements and the existing Section 76 would continue strengthen KCC's position.</li> <li>• Joint working arrangements retained with NHS for clinical service provision.</li> <li>• There are low barriers to entry into the market for non-clinical services, and therefore several providers who could deliver the non-clinical aspects of the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Perceived risk of disinvestment in the NHS</li> </ul>
<p><b>Option 4:</b></p> <p><b>TUPE KCC Early Help Staff to the NELFT contract</b></p>	<ul style="list-style-type: none"> <li>• Support to Early Help Units</li> <li>• Priority assessment of LAC</li> <li>• Harmful sexual abuse/post</li> </ul>	<p><b>£2.65m</b> investment retained in the current contract</p>	<ul style="list-style-type: none"> <li>• Joint commissioning arrangements would be strengthened</li> <li>• Retains the Single Point of Access</li> <li>• Increases capacity with NELFT service.</li> </ul>	<ul style="list-style-type: none"> <li>• Performance indicates model would not work leading to unmet demand and increase in wait times</li> <li>• This option is currently untested locally and likely to be unpopular with local</li> </ul>

	<p>sexual abuse</p> <ul style="list-style-type: none"><li>• Support to the Kent Health Needs Education Service</li></ul>		<ul style="list-style-type: none"><li>• Similar to NELFT model in Essex</li></ul>	<p>staff.</p> <ul style="list-style-type: none"><li>• Fragmentation with KCC Integrated Children's Service model.</li><li>• Fragmentation with KCC front door approach.</li></ul>
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